DISTRICT NURSE OBSERVER

IMPROVING HEALTHCARE IN THE COMMUNITY

Established 1859

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Patients to get better care

Patients with long term conditions visited by the district nursing team in the Haddington area to have improved care

This will be achieved through better assessment and clinical decision making by district nursing team members, through the introduction of the standardised clinical observation tool, the National Early Warning Score (NEWS), into routine district nursing practice over the next six months.

This has come about in light of findings from a recent literature review on clinical decision making in nursing which highlighted that discrepancies exist between the decisions nurses make given the same information. Reasons for this include the context in which the decision is made (Gillespie 2010, Smyth and McCabe 2017), the characteristics of the practitioner (Tiffen et al. 2014), the tension between the hypothetico-deductive model of reasoning versus heuristic reasoning (Thompson et al. 2013) and dual process theory (Crosskerry and Nimmo 2011). Furthermore, a recent systematic review of patient safety measures in primary care has highlighted a paucity of evidence based tools which support objective surveillance (Hatoun et al. 2016). The most common misdiagnoses and errors in primary care in the UK relate to infections, trauma, cancer and cardio vascular

disease detection (Singh et al. 2017) and this can be compounded by fragmentation of services and a lack of continuity of care (Round et al. 2013). Many clinicians remain ignorant of their performance which can lead to a misplaced sense of competence and perpetuation of the problem. District nurses are privileged to see patients in their own homes and this can give valuable context to the observations made (Silverston 2014), support the formation of shared care plans and the involvement of patients in their own care (Lette et al. 2017). This special relationship in turn can support good communication and trust, which is crucial in effective history taking (Snadden et al. 2013) and the continuity of care inherent within district nursing can also promote the recognition of changes in patients with multi morbid conditions over time (Stokes et al. 2017). However, all clinicians need sound clinical judgement to promote safe practice, best patient outcomes and avoid heuristic practice (Crosskerry and Nimmo 2011, Thompson et al. 2013) and must practise effectively and preserve safety (NMC 2015). Variance in practice can be mitigated by the use of standardised assessment, (Singh et al. 2017).

The Haddington District Nursing caseload

Referrals to the Haddington District Nursing caseload come from GPs, secondary care, social work colleagues, patients themselves or family members. The demographics of the Haddington caseload can be seen in figure 1. Figure 2 outlines the long term conditions of the patients seen and figure 3 identifies the number of conditions per patient.
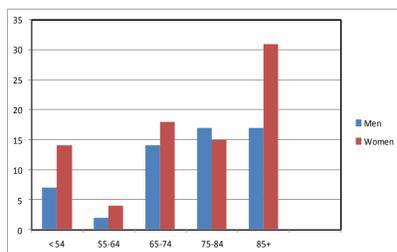

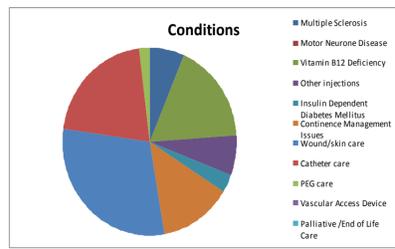Figure 2: Patient conditions seen by the Haddington District Nurse Team

Figure 1: Age/sex ratio of patients on Haddington District Nurse Caseload
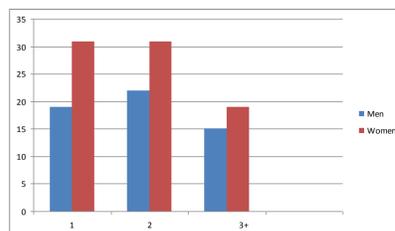

Figure 3: Numbers of conditions per patient within the Haddington District Nurse Team

Implications for District Nursing Practice

Sepsis can occur in any clinical situation, usually from a localised infection, and can progress to systemic inflammatory response syndrome (SIRS), multi organ failure and death (ISE 2006). Any delay in the identification and treatment of sepsis renders the patient at greater risk and the incidence of sepsis is increasing because of a growing elderly population, an increased number of

immuno-compromised people and increased bacterial resistance. Important co-morbidities which make people more vulnerable to sepsis seen within the Haddington district nursing caseload include a high percentage of elderly patients, diabetes mellitus, skin trauma, chronic disease, indwelling urinary catheters and people with palliative care requirements.

Start spreading the NEWS

Currently, clinical assessment of a patient's wellbeing is at the discretion of the nurse undertaking the visit and although this will include use of several assessment tools such as the Risk Assessment Bundle, wound management charts, and continence assessment charts it is the interpretation of the nurse which will decide when the patient's condition may require referral to the patient's General Practitioner (GP) for further assessment. At best, this system will work when the nurse and patient know each other well but will still rely on the receptivity of the GP for further action.

NEWS is a standardised clinical observation tool for adults which can be used to assess acute-illness severity through the calculation of a score based on the routine recording of a patient's respiratory rate; oxygen saturation; temperature; systolic blood pressure; pulse rate and level of consciousness or new confusion (Royal College of Physicians (RCP) 2018). The score reflects the patient's variance from the expected norm and guides the escalation required for ongoing care. NEWS was developed to promote a common clinical language and facilitate education (RCP 2012) and has been adapted for district

nursing through use of the escalation tool (Figure 4). It is proposed that all patients seen by the district nursing team should have their NEWS observations checked on admission and at subsequent visits so that immediate referral for further care can be made informed by their NEWS score. This will be enhanced further by using the SBAR-D model to enhance communication. Table 1 outlines the actions required to introduce and nurture NEWS within the practice area.

Figure 4: District Nursing Escalation Tool

The future

Since its tentative beginnings in the 1850s District Nursing has been constantly evolving (Neno et al. 2008, QNI 2015) and whilst the core value of providing skilled, person-centred nursing care to people over the age of sixteen who are unable to attend their GP surgery remains (QNI 2015), a recent directive from the Scottish Government (CNOD 2018) has identified that the role of the District Nurse is to be refocused. This enhanced role will furnish District Nurses with an improved range of clinical decision making and assessment skills informed by a bio-psychosocial model. This will augment the role of Specialist Practitioner District Nurses who are skilled in caring for people with long term conditions and lead teams of skilled nurses who are able to develop their role to meet these changing needs. Patient safety is paramount and use of a recognised clinical indicator such as NEWS could enhance nursing assessment and the escalation and referral process. As district nursing caseloads are comprised of people with a variety of long term conditions and multiple co-morbidities who are vulnerable to complications from each or all of their conditions it behoves district nursing team members to be vigilant in their care (White and Witts 2016). The introduction and maintenance of NEWS as a standardised assessment tool coupled with a "regardful approach" to the establishment of this should go some way to address this requirement.

No.	Development Activity	Target Date
1.	Contact the NHS Lothian Quality Improvement Facilitator to seek approval for proposal and gain necessary documentation.	March 5th 2018
2.	Attend Haddington GP forum to inform, educate and discuss the introduction of NEWS use in the district nursing team.	April 13th 2018
3.	Scope team members understanding of NEWS (local education sessions have been held over the last few months) at next DN team meeting and retain as standing item on agenda.	April 17th 2018
4.	Utilise a person-centred approach to building confidence in team members informed by the practice of "regardful relationships" (Shefer et al. 2018 p63) to foster vitality in the workplace.	ongoing
5.	Utilise a congruent leadership style (Stanley 2009) to role model and support the introduction of NEWS into core practice.	ongoing
6.	Support district nursing team members to utilise NEWS as a core measurement at each district nursing admission and seek feedback at daily handover reports.	ongoing
7.	Work with team members to demonstrate and reinforce positive outcome of using NEWS.	ongoing
8.	Share with colleagues at appropriate professional gatherings e.g. Senior Nurse Forum, District Nurse Cluster meetings, Professional Forum.	May 2108 and ongoing
9.	Evaluate by returning escalation information to the NHS Lothian Quality Improvement Facilitator for scrutiny.	ongoing

Table 1: Action plan to support the introduction of NEWS to the Haddington District Nursing Team

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